WHAT IS CLAIMED IS:

1. In the method of treating infertility disorders by administering an LH-RH Antagonist and inducing follicle growth by administration of exogenous gonadotropins, the improvement of administering an amount of LH-RH Antagonist so low as to only to suppress endogenuous LH while FSH secretion is maintained at a natural level and the individual estrogen development is not affected.

2. The method of claim 1 in which an LHRH-antagonist and exogenous gonadotropins and antiestrogens are combined.

3. The method of treating infertility disorders by administering a LH-RH Antagonist and inducing follicle growth by administration of exogenuous gonadotropin according to claim 1 wherein the antagonist is Cetrorelix.

4. The method according to claim 3 wherein the follicle growth is stimulated with other substances than exogenuous gonadotropins, as for example antiestrogens.

5. The method according to claim 3 wherein the follicle growth is stimulated with a combination of gonadotropins and other substances, as for example antiestrogens.

6. The method according to claim 5 wherein the follicle growth is stimulated with the antiestrogen Clomiphen.

7. The method according to claim 5 wherein the follicle growth is stimulated with the antiestrogen Clomiphen.

8. The method according to claim 7 wherein the follicle growth is stimulated with Clomiphen and Controlled Ovarian Stimulation (COS) is started on day 2 after spontaneous menstrual bleeding using 100 mg Clomiphencitrate per day for 3 to 7 days and 0.2 mg to 1.0 of Cetrorelix is given starting on stimulation day 5 combined with hMG.

9. The method according to claim 6 wherein the follicle growth is stimulated with Clomiphen and COS is started on day 2 after spontaneous menstrual bleeding using 100 mg Clomiphencitrate per day for 3 to 7 days and 0.2 mg to 1.0 mg cetrorelix is given starting on stimulation day 6 combined with recombinant FSH.

10. The method according to claim 3 wherein after the inhibition of the action of natural LH caused by the LH-RH Antagonist preferably Cetrorelix, the follicle development is not stimulated (e.g. by the addition of gonadotropins).

11. The method according to claim 3 wherein the amount of subcutaneously given Cetrorelix is in the range of 0.1 to 5 mg of Cetrorelix/day during a multiple dosing posology.

12. The method of controlled ovarian stimulation in which Cetrorelix is applied starting cycle day 1 to 10, preferably on day 4 to 9 and ovulation can be induced between day 9 and 20 of the menstruation cycle.

13. The method according to claim 1 wherein the LH-RH Antagonist is given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg.

14. The method according to claim 1 wherein the LH-RH Antagonist is given in a combination of as a single dose in the range of 1 mg to 10 mg, preferably 2 mg - 6 mg, and a multiple daily dose in the range of 0.2 to 1.0 mg.

15. The method of controlled ovulation induction in which the LH-RH Antagonist, preferably Cetrorelix, is applied according to claim 7 starting on cycle day 6 to 10 and ovulation can be induced between day 7 - 11 of the menstrual cycle.

16. The method according to claim 9 wherein the ovulation is induced by recombinant LH.

17. The method according to claim 9 wherein the ovulation is induced by native LHRH.

18. The method according to claim 9 wherein the ovulation is induced by a LHRH agonist.

19. The method according to claim 9 wherein the ovulation is induced by HCG.

20. The method according to claim 11 wherein native LHRH or a LHRH antagonist are given to avoid luteal phase supplementation in preventing the negative effects of HCG during the luteal phase.

21. The method according to claim 11 wherein recombinant LH, native LHRH or LHRH antagonist are given to avoid ovarian hyperstimulation syndrome.